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*San Francisco, March, 1899.*

No. 3.



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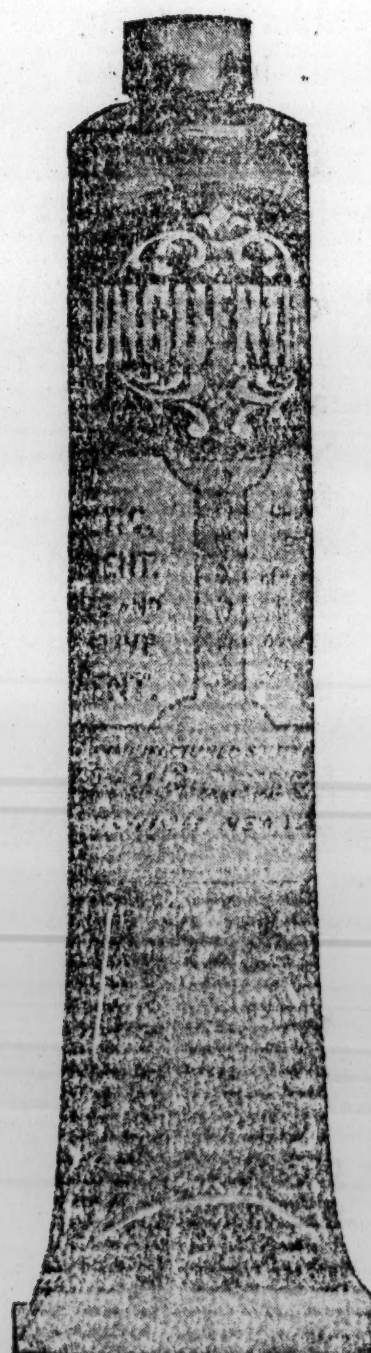
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Dr. C. N. Müller, Managing Editor.

\$1.50 per Year: Single Copies 15 Cents.

Let all Communications be addressed, and money orders made payable to the  
CALIFORNIA MEDICAL JOURNAL.  
1422 Folsom Street, San Francisco.

Entered at the San Francisco Post Office as Second-Class Matter.

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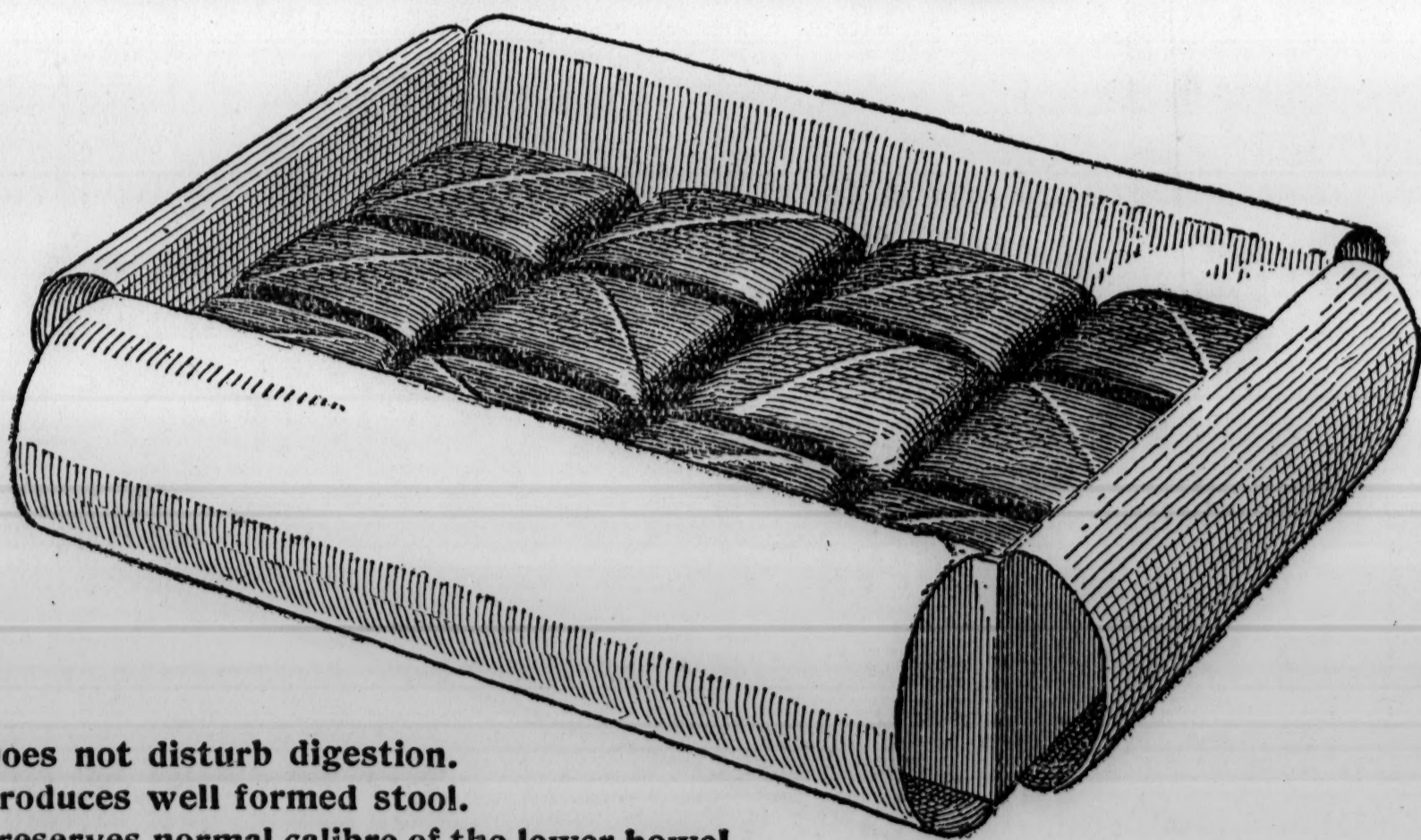
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# California Medical Journal.

VOL. XX.

San Francisco, California, March, 1899.

NO. 3

## Biochemistry.

A. A. LEONARD, M. D., M. E., SILVERTON, OREGON.

READ BEFORE THE OREGON STATE MEDICAL ASSOCIATION, SEPT. 28, 1898.

Mr. President and Members of the Oregon Eclectic Medical Association: In response to your secretary's request for a contribution on this occasion, I asked what subject he would suggest, and his reply was, "Not material; but something that will evoke discussion.

Being myself deeply interested in the question of biochemistry, I have chosen that subject and written this paper, hoping to elicit a discussion eminently satisfactory to your honorable secretary, and pre-eminently instructive to myself.

The theme of biochemistry, or the twelve tissue remedies of Schuessler, is familiar to Eclectics generally, having been brought to the notice of our school by Prof. H. T. Webster in his *Dynamical Therapeutics* and by other noted Eclectics through our medical journals. The theory is pretty well understood, and this being true, it is of more value at this time to inquire

whether the theory is borne out in practice. Are the prophecies and promises of the theory fulfilled in the every-day practice of the physician?

Briefly, the theory is that the twelve inorganic salts of the body are the essentials, without which cells and tissues cannot be built, they are the centers around which the organics cluster, and upon which they depend for life and growth; they are the active principles of cell life. In other words, that every cell of every tissue, be it connective, elastic, epithelium, muscle, nerve, bone or brain cell, must and does contain as its most essential component one or more of the inorganic salts, known as the twelve tissue salts, and when the entire body is supplied with these salts in normal form and quantity, together with the proper organics in the shape of foods, then we have health. And that any deviation from health is accounted for in the defi-

ciency of cell salts. The conditions we interpret by symptoms, and call disease, are only deficiencies made known to us by the hunger wails of starving cells, calling, each in its particular tongue, for the salt that is deficient. When its want is supplied in the right form and quantity, pain and disorder cease, the cry of anguish is transformed into a lullaby and we have health restored.

Here we have the solution of both pathology and therapeutics in a nutshell. All we physicians have to do is to carefully study and master the twelve tongues of the twelve tribes of inorganic cell salts, so that we may be absolutely certain that we know the call we hear, then supply the want from the properly tabulated bottle containing the required salt in its required trituration, and presto, in the twinkling of an eye the conquest is ours. And yet, simple as this process may seem, it is beset with many difficulties. The mastery of these twelve tongues is an accomplishment not to be achieved in a day. The distressed one may be affected by its environments and its call somewhat changed, and several may be speaking at once, making the language of all more or less obscure, leaving us in doubt, unless greatly skilled, which of the dozen needs our help.

Once, I thought, which at first seemed a happy thought, that, in doubt, we might mix up the whole twelve salts in one bolus, and heaving the mass into the stomach, say to the wailing ones, "You pays your money and you takes your choice." Thus the hungry

might be fed, the others need not indulge; but, a sober second thought showed me that this would never do, for while a 3x trituration might be all right for magn. phos., kali sulph. would need a 6x potion and natr. mur. not be satisfied with less than a 30x. So our shot-gun method would be no more effective than it is with the usual Galenic mixtures, except that it would do no harm; but still the tabernacle of life would be full of distress and pathetic appeals.

Since it is quite in line with biochemists to use enormous and incomprehensible figures regarding the infinite divisions to which these inorganics are subject, it may be interesting, in passing, to note that, according to the mathematical law of permutation, it is possible from these twelve tongues of inorganic salts to have 29 quintillions (29,658,516,531,078,758,400) of disease manifestations, which might in a measure account for the occasional failure on the part of the biochemist to cure his cases.

So much for theory, now for the practical application:

Case I.—Miss B. aet 28, American, school teacher. Taken suddenly with severe intestinal colic. When I arrived, was crying with pain, and was all doubled up with cramps. Prescribed fifteen grains of 6x trituration of magn. phos. in two tablespoonfuls of hot water every ten minutes until relief. Third dose, the patient fell asleep. Left instructions for the medicine to be continued if necessary. The next morning learned that no more had been needed, and that the lady

was in the school room as well as usual. This lady was subject to acid indigestion, from which *natr. phos.* always relieved her.

Case II.—Miss H. R., aet 19, American, tall, spare, pale, anemic, history of chorea in the family, herself slightly choreic, presumably caused by association with a cousin afflicted with the disease who had been visiting with the family some weeks. Was a hard student, and subject to intense neuralgic headaches. Was suffering with one of these attacks when I was called. Examination found her eyes myopic, and I sent her to an oculist for glasses, as soon as I had relieved her headache. Her mother, who had almost despaired of a cure from these headaches and nervous spells, told me that the daughter had grown steadily worse, was wasting away, and the headaches were increasing in severity and duration. Menstruation regular but scant; was constipated, and had no appetite.

Prescribed *magn. phos.*, 6x, ten grains four times a day, and *calc. phos.* 6x, ten grains three times a day. Improvement was prompt, and relief permanent. Continued the remedies for three weeks. The appetite returned, the cheeks grew rosy, and she began to put on flesh. When I last saw her, eight months after, there had been no return of the symptoms, and her health appeared to be excellent. What did it, the tissue remedies, the glasses, or was it a coincidence?

Case III.—Miss H., aet 19, German descent, domestic, family history good, personal history healthy up to a year previous to consulting me, when she

began to run down, had indigestion, lost flesh and strength. On previous New Year's Day (this was in March) had vomited, she said, about a quart of blood; this, of course was an exaggeration. Since that time she had suffered pain after eating, often vomited her meals, had acid eructations, and continually lost strength. Her symptoms at the time of calling me were the same, except that that morning she had thrown up a quantity of blood, and was in consequence very weak. I diagnosed gastric ulcer.

For the three prominent symptoms, hemorrhage, acid indigestion, and anemia, I gave *ferrum phos.*, *natrum phos.*, and *calcium phos.* She had no other remedies except rest and regulated diet. There was no more hemetemesis, and after a few days I left off the *ferrum phos.* and continued the *natr. phos.* and *calc. phos.* for two weeks longer. The result was a surprise to me, for she gained in every way beyond my expectations. In fact, inside of two months she was a picture of health her appetite excellent, and stronger and healthier in every way than she had been for several years. The cure was permanent, for I heard from her a year and a half later and she was still in good health.

Case IV.—Miss K. D., aet 20, American. Occupation, teacher. History of stomach pain, occasional vomiting, gnawing in stomach, with some soreness for the past year. Sent for me Christmas day, '97, and found her suffering with hematemesis, which was somewhat alarming. The vomiting had come on in the night and been

continued at intervals during the day until she was quite weak.

I diagnosed gastric ulcer, and to meet the first indication, that of hemorrhage, gave her glonoin and hyoscinamine sufficient to keep the skin flushed for the first twenty-four hours, I might have stopped the hemorrhage with fer. phos., perhaps, but hardly dared risk it. She was put to bed with strict instructions to stay there and remain as quiet as possible, and was allowed a tablespoonful of milk every two hours for the first day, gradually increasing as the symptoms abated. After the first day I put her on natrum phos. and calcic. phos., the same as case III. She steadily improved from the first, and rapidly recovered. Was kept on these remedies for about four weeks. I have recently heard from her, and she has had no relapse and is now in robust health.

Case V.—Mrs. N. L., aet 36. Attacked with dysentery, accompanied with severe tenesmus and constant urging to stool. Gave kali mur., 3x, and ferrum phos., 6x. Result, immediate amelioration and all symptoms subsided by next morning. The following day she ate indiscretely and brought on a relapse, which was promptly cured with the same remedies.

Case VI.—E. L., aet 3, male. Family history, tuberculosis on father's side. Child pale, thin, easily fatigued from play, diarrheic. Had always been puny, and the mother said his legs always gave out after playing a short time. Appetite capricious.

Gave calc. phos., 3x, as a blood maker, in doses of five grains four times a

day. Two weeks later, the mother said there was more color in his face, and appetite better. Kept up the medicine for six weeks, and the little fellow now plays all day with other children and wears the rose tint of health in his cheeks.

Case VII.—L. M., aet 2, Mexican, male. Brought to me with large suppurating glands on both sides of the neck. Opened them and washed out cavity with dilute hydrogen peroxide, inserted drainage, and put the child on calc. phos., 6x, five grains four times a day. In two weeks there was complete healing of the abscess, and the child was well.

Case VIII.—W. G., male, aet 26, Irish parentage. Case of atonic dyspepsia, accompanied with excessive accumulations of gas. I read in the books on biochemistry that calc. phos. is "Almost an infallible remedy for excessive accumulation of gas in the stomach," and so exhibited it in this case with more than the usual confidence. I used the 3x and it failed.

What shall we say of these results? Are they cures, or are they accidents? If cures, are they so under the law of supplying deficiencies, or by some other law of cure? If under the biochemic law, then must all our failures result from the misinterpretation of symptoms, or from the use of the remedy in wrong potencies. If biochemists are correct, then we have an explanation of the selective influence of drugs; if true, that in giving aconite for fever we simply give ferrum phos., or in giving viburnum as an antispasmodic we are, so far as remedial effect

is concerned, only using the entire drug as a vehicle for magn. phos., and so on throughout the whole catalogue of both diseases and remedies, then we have a full and complete explanation of all that pertains to the selective influence of drugs.

My experience with the twelve tissue remedies has tended to establish confidence in them, and yet I have misgivings. I really hope to have confidence fully established; but not, of course, unless they are worthy of it.

The theory, and consequently the practice, is seductive from its simplicity. I think we all agree that health is always the result when we have a perfect circulation of pure blood. Blood, to be pure, must contain all the constructive elements, and be free from all poisonous and extraneous substances; and a perfect circulation must allow a free flow of such blood through all the parts and organs of the body.

Just as true it must be, that disease is a departure from these conditions

on one side or the other, and the whole force of the medical profession is directed, or should be directed, toward the re-establishment of these conditions.

The question which this paper has intended to raise is, whether or not Dr. Schuessler has placed these conditions within easy range of us all. If the twelve tissue remedies are remedies upon the hypothesis set forth by Schuessler, there must be everything in them, and they will eventually supercede all others; but if they are as other remedies, simply "parts of one stupendous whole," then must they take their places as a part of our already over-crowded *materia medica*.

It is entirely clear from this statement that health and disease depend wholly upon our food supply (upon what we eat), and that properly fed, we would never be sick. Barring casualties, is this not true?

### Catheters and Cystitis.

R. N. MAYFIELD, M. D., NEW YORK CITY.

FORMERLY PRESIDENT OF THE COLORADO STATE BOARD OF MEDICAL EXAMINERS  
AND LECTURER IN PATHOLOGY AND CLINICAL MEDICINE, UNIVERSITY OF COLORADO, ETC.

It is well known that when it is necessary to use a catheter of usual construction—that is, with the ordinary fine perforations as an inlet thereunto—it does not work readily or satisfactorily, or subserve fully the results expected from it.

Examples of such unsatisfactory operations are seen where there is a good deal of mucus present in the bladder, such mucus being apt to sur-

round or lie upon the end of the catheter, clogging or stopping the apertures thereof and preventing the ingress of fluids to be drawn off; again, when sediment or calcareous matter is present, it clogs, even sometimes filling in part or completely the apertures, with consequent failure of the catheter to fully perform its functions. Such failures are especially apt to happen in nearly, if not quite, all forms of chronic

diseases of the bladder, and notably so in cystitis.

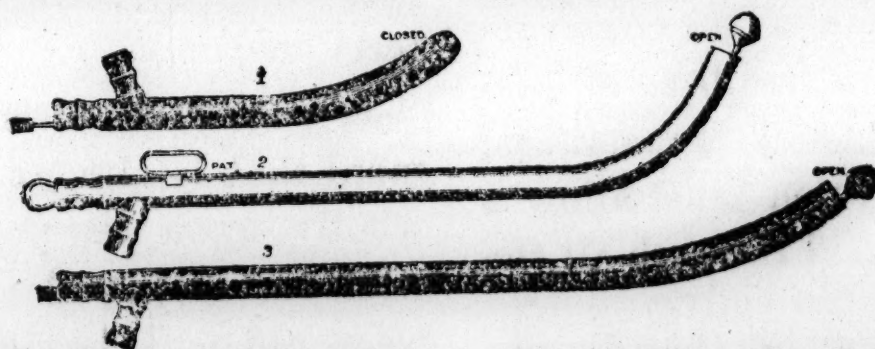
My object, therefore, is to present a catheter that is reliable and efficient in operation when the use of a catheter is indicated in all conditions and diseases of the bladder. In this instrument the danger of clogging or failure to perform its functions is obviated, and its interior may be readily made aseptic, and bits of mucus that usually clog an ordinary catheter may be readily drawn off.

This catheter is of very simple construction, being tubular, with the curve of an ordinary instrument, and open at the end for an inlet. For the closure of this open end, and for the easy

bollic acid, or hydrogen solutions in the bladder, as any of these solutions can be readily drawn off or neutralized, thus preventing poisoning from absorption, or preventing rupture from gases that form in the bladder.

Regarding the treatment of cystitis with the employment of this catheter, presuming that we have a typical case, with ropy viscid, and tenaceous mucus the membrane thickened and possibly ulcerated, and in deep folds—"ribbed" as it were—we begin the treatment as follows:

1. Inject a quarter of a grain of cocaine dissolved in a drachm of water into the membranous portion of the urethra.



insertion of the catheter, as well as for other purposes, a bulbous or rounded head is used, preferably solid, and attached to one end of a wire, passing through the body or tube and projecting from its rear or outlet end.

This construction forms a very efficient catheter having an area of opening so large as to greatly obviate the danger of clogging, for, if mucus should lodge against the open end, the working of the head back and forth upon its seat would cut away the obstructing bits of mucus and permit them to pass through the tube.

With this instrument there should be no hesitancy in using nitrate of silver, iodine, corrosive sublimate, car-

2. Anoint the largest hard-rubber catheter that can be well passed into the bladder, and increasing the size one number each week until the urethra is normal in size.

3. Begin with dilute hydrogen solutions—preferably hydrozone—one part to twenty of lukewarm water, using this solution freely, especially when employing the large size catheter. If the small size is used at the beginning, I recommend the use of only two or three ounces at a time until removed by the return flow. This can be repeated until the return flow is clear and not "foaming," which indicates that the bladder is aseptic.

4. Partly fill the bladder with the

following solution: tincture of iodine compound, two drachms; chlorate of potassium, half a drachm; chloride of sodium, two drachms; warm water, eight ounces. Let it remain a minute or so and then remove. This treatment should be used once or twice a day.

Where I suspect extensive ulceration

I recommend once a week the use of from ten to twenty grains of nitrate of silver to the ounce, and neutralize with chloride-of-sodium solutions.

This treatment carried out carefully will be satisfactory, as there is no remedy that will destroy bacteria, foetid mucus, or sacculated calcareous deposits like hydrozone.

## Neurasthenia, with Special Reference to the Best Mode of Treatment.

ARTHUR E. MINK, M. D., St. Louis, Mo.

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Of all conditions to which man or woman is liable, none is more common than that having the above title.

The question before us is one of great import and has presented difficulties by the score; but experience, more worthy if less fascinating than the most ingenious theorizing, has at last brought to light methods of quick diagnosis and properly applied therapeutics. This neurosis is to be found in every class of society, from the banker to the laborer; neither is it confined to any particular quarter of the globe. It is everywhere. The writer does not propose, in this short article, to attempt to deal exhaustively with the problem, but rather to group together under the head of suggestions a few facts of general interest to the medical profession.

In a general way neurasthenia may be defined as a nervous exhaustion (or prostration or debility); a condition characterized by a deranged state of the nervous system appearing in the

early and middle period of adult life. Usually there are inability to walk more than a short distance without fatigue; a variable increase of myotatic irritability; headache, aching, or pain in the back and legs; and spontaneous sensations of tingling, formication, heat and cold.

Dyspepsia, constipation, and other derangements of the functions often result in a distressing form of anemia.

There is a mental phase in the condition, the patient being irritable, unable to pursue a consecutive train of thought; or there may be a cheerful, egotistical resignation.

It may be due to many causes: masturbation or excessive venery, and associated with an absence of sexual desire, or of the power of erection or ejaculation, and sometimes with the various forms of sexual perversion, or vasomotor paresis, associated with irritable heart.

I presume it is true that the popular ideas are often more extreme in this

direction than those of the most conservative, at least, of the profession, and that a certain amount of treatment is undertaken quite as much to satisfy the wishes of the patient, his or her friends, as to carry out the requirements of a well-considered diagnosis.

I look upon the condition as one entirely of impaired nutrition. The fact that the attention of nervous women is so frequently and strongly directed to their pelvic organs proves no more and no less than the kindred facts of nervous dyspepsia, cardiac disease, or spine disease—a variety of nerve-starvation. The cessation of sexual activity in the female is marked in the popular, even more than in the professional mind, by a decided tendency to nervous disorders.

Such, usually, have all the imaginary ills of the human family, and here it is that properly directed control of the patient as to medication is so desirable.

All of the various symptoms of neurasthenia, be they sensory or motor, psychic or somatic, slowly but surely yield to general systemic and tonic treatment, and disappear, *pari passu*, with the restoration of the nervous system to its normal condition.

In combating the insomnia usually present in aggravated cases, I use drugs only as a last resort, for a properly regulated time for meals and attention to the diet usually suffices. Sometimes I have found it absolutely necessary, however, to temporize, and one of the most valuable agents for this purpose, in my opinion, is a first-class preparation of cannabis Indica—

I use a fluid extract, giving 10 to 15 minims on sugar, and repeat as the urgency of circumstances requires. It is not only a valuable hypnotic, but it also relieves the mental depression, the general restlessness and paræsthesias and paralguas of this neurosis. Constipation can be relieved by gentle massage and a regular hour of going to the stool daily. It is absolutely wrong to give the patients cathartics, especially those in the form of pills, for the pill habit is soon formed and they soon become a prey to the various advertised nostrums so often seen in our street-cars and on the highway. It should be our aim to suggest to the patients, for obvious reasons, the mildest laxatives. The calibre of the lower bowel should be maintained at all hazards and all those preparations which produce a mushy stool avoided.

The gastro-intestinal disturbances of neurasthenia are to be combated by strict attention to diet. The use of the various digestive ferments may be of use in combating gastro-duodenal indigestion present. We should not lose sight of the fact that such symptomatic treatment is merely transitory. The cause must be removed. For this purpose the use of systemic tonics, and those which affect the cells and are especially nutrient to the nerve-centers, are to be recommended.

It was my custom formerly to prescribe the various forms of iron, but an extensive experience has induced me to abandon them entirely. The relief obtained from their use was palliative and transitory. In the treatment of neurasthenia I have a decided

preference for the compounds of gold and arsenic. The preparation which suits me best and which I have been prescribing extensively for the last few years is the liquid of bromide of gold and arsenic: *arsenauro*. It is not only very valuable as a systemic and nerve tonic, but at the same time seems to have a peculiar and beneficial sedative effect, due doubtless to the bromide present in its composition. Hence it not only allays the tremors and restlessness in these cases, but it is also of great benefit in sexual neurasthenia in

calming the morbid irritability of the genito-spinal centers. We must use it persistently throughout the entire course of treatment, and bear in mind always that the neurasthenic can stand very much larger doses than they would care to admit—20 to 30 drops largely diluted with water, after each meal.

It is impossible to carry out the Weir Mitchell rest-treatment, as a rule, so I merely urge the patient to take as much rest as possible.

### My First Amputation.

A. F. VEAL, M. D., Rosario, Sinaloa, Mexico.

About three weeks after arriving in Mexico, was called to attend a young man who had accidentally blown his hand off at the wrist with a stick of dynamite. He was brought about nine miles on horse-back from the scene of the explosion, without any protection whatever against hemorrhage; and a Mexican doctor called, who tied a bandage around the arm near the elbow, putting slight pressure on the artery, and directed that the arm be elevated and cold water applied constantly. I was called and operated the next day. The man had been bleeding slowly in the meantime, mostly from the radial artery.

The condition of the arm when I arrived was as follows:

Nothing whatever was left of the hand, and only two or three of the carpal bones were still hanging. Anteriorly, the skin had been blown away up to an inch above the radio-

carpal joint, and posteriorly a little more was left.

The radius was fractured one inch above the carpal extremity, and the ulna three inches higher up. He was also considerably burned about the chest as well as the other arm which had received a small flesh wound.

Unfortunately I had only a pocket instrument case, two extra hemostatics, and a tourniquet with which to operate. A saw had to be borrowed. For assistants, I had an American who understood nothing about surgery, and a Mexican woman to give the chloroform, who never had heard of such a thing before.

The outcome did not look very promising for the patient, as his heart was very weak from the loss of blood and shock. However, I gave some strychnine hypodermically and proceeded. The tourniquet was first applied, after which I made my incisions in a semi-

circular manner from the radial to the ulnar side, forming an anterior and posterior flap, leaving the muscular tissue a little shorter than that of the skin. The bones were removed to where the radius was fractured, sawing the ulna off at a corresponding height. All arteries were ligated as we proceeded, tendons retrenched, and sutures applied to properly close the wound.

It took one hour to complete the operation, and at that time the patient was almost pulseless, with hands and feet getting cold. After administering heart stimulants freely, and applying heat to the extremities, I soon had the gratification of seeing him revive.

At the end of eight days he could sit up, and has made a good recovery, with a useful arm.

### *Echinacea*—*Echafolta*.

LYMAN WATKINS, M. D., Blanchester, Ohio.

When echinacea was first introduced to the medical profession, the reports of its virtues seemed to me to be exaggerated and I was inclined to think the remedy overestimated; but time has shown that I was mistaken, for when I finally, reluctantly and without faith in its efficacy, decided to give echafolta a trial in the septic conditions for which it was recommended, I was surprised and pleased at the promptness with which the remedy acted.

The first case in which I used echafolta was that of a workman in a factory who had his fingers crushed under a heavy iron casting. After the accident he wrapped his hand in a dirty rag picked up about the shop, no physician was consulted, the wound being treated at home with poultices and domestic remedies for four days. He then applied for treatment. Upon removing the wrappings, the fingers were found swollen, dark-colored, mangled, the bone showing bare in some places, very offensive looking and smelling, with hanging shreds of skin

and flesh, and blackish oozing serum and pus. I suggested amputation at once, but this was refused. Thereupon the dead skin and flesh was trimmed away and the fingers separately bandaged, the bandages were then thoroughly saturated with a solution of echafolta one ounce to three ounces of water, also, gave the patient a solution of this strength and directed him to keep the bandages wet with it. He did not return for further treatment so in about a week I hunted him up and he said that his hand was all right, but that he had diluted the application quite freely, it being too strong. Upon examination, the hand was found in splendid condition, healing by granulation was progressing rapidly, and in a comparatively short time the hand was well.

The second case in which echafolta was used was that of an aged lady who had accidentally bruised the back of her hand on a nail. Nothing was thought of the accident at the time, but in two or three days the hand became painful, and began to swell; there

was also considerable constitutional disturbance, with pyrexia. The swelling rapidly spread up the arm almost to the shoulder, with red streaks following the course of the veins entirely to the axilla. The arm turned dusky-red, and large and small blisters, filled with reddish serum, appeared on its surface. The condition appeared serious, and taken in connection with the constitutional disturbance, the age of the patient and the pyrexia, the prognosis was discouraging. Echafolta, one half ounce to three and one half ounces of water, was ordered applied to the arm from the swollen fingers to the shoulder, the arm was wrapped in cotton and the cotton saturated with the solution. The patient was also given a dose of the same solution, one half teaspoonful every four hours. Improvement was marked from the first and she made a good recovery.

The third and last case which I shall report, although there are others, was that in which a female had, by instrumental interference, produced an

abortion upon herself. When I was called to attend her she was suffering from severe lancinating pains in the abdomen, which was swollen, tympanitic and very tender to the touch; she laid on her back with her lower limbs flexed and could not bear the weight of the bed clothing on her bowels, her temperature was 105° F., pulse thready and extremely rapid, with complaints that respiratory movements gave her pain in the abdominal region. Although the parts were very painful, a vaginal examination was made which resulted in finding an inflamed vagina and an exceedingly tender and swollen uterus. There was a very foul smelling, stringy, viscid uterine discharge; and altogether it seemed as if there was great danger of death. The womb and vagina were cleansed with a hot solution of echafolta, and five drops of echafolta, in water, were administered internally every two hours. In six hours the temperature began to fall and in twenty-four hours was normal. The patient recovered rapidly, and was up and about in a week.

### Emergencies—Medical and Surgical.

H. L. HENDERSON, M. D., Astoria, Oregon.

READ BEFORE THE OREGON STATE MEDICAL ASSOCIATION, SEPT. 28, 1898.

Webster, the king of lexicographers, defines an emergency to be "A condition of things operating suddenly or unexpectedly; an unforeseen occasion; a sudden occasion; pressing necessity; exigency."

Someone has pithily said, "It is the unexpected which happens." A doctor's life is made up of unexpected events; sudden calls to relieve unfore-

seen exigencies or accidental occurrences. The fussy and excitable man will utilize these occurrences to his own personal advantage, while the cool level-headed and thoroughly trained man will pass them over as matters of every day occurrence, and will modestly assert that any other man would have managed the case equally as well as he had done. The fussy individual!

How insignificant he is in the eyes of a thoroughly trained and equipped man! The noisy fellow, when called to a case such as is usually called an emergency, is very careful that every person in his immediate neighborhood shall be fully informed as to the nature of the case, and of the almost miraculous cure that has been brought about by the consummate skill of this infinitesimally great I am!

If we stop and calculate the per cent of cases and the requirements that are brought out in the patients whom we daily visit, we shall be astonished at the vast number that are truly of the emergency type. But very few of them are of the opposite character. Just when we are ready to settle our tired bodies among the cushions of our easy chair, an excited messenger hurriedly rings the bell, and we are rushed pell mell across the country to see an unfortunate individual who has perhaps been mangled by some piece of farm machinery; a baby has swallowed a thimble, or perhaps a solution of concentrated lye; some poor unfortunate human being has purposely taken a large dose of arsenic, carbolic acid or other deadly drug, with suicidal intent; a noisy and excited crowd come into our office carrying a comrad who has been wounded by a fall from a scaffold or burned by steam or lime; another comes into the office with a splinter in some part of the body, or perhaps some articulation displaced. So we might look over our case book from day to day for a long period of time, and we will find that but very few of our cases are not of the unexpected kind.

We will find on further analysis, that these cases naturally separate themselves into distinct groups, or classes. Thus we find that some of them are distinctly chemical in character, such as the case that has swallowed the concentrated lye or the carbolic acid. Then we will find that another group are what we would call obstetrical emergencies, in which we will collect all such cases as those that relate to child-birth, either premature or at the end of the full period of gestation. Then a very large class are of those in which some wound of the tissues is the leading or most prominent feature in the case, with all the varying factors that are likely to appear in connection with such lesions, and we call all the emergencies that may appear with these characteristics, surgical. Then we find a large group of cases, in which the active condition is produced by the generation of some poison within the body such as the ptomaine poisons, or the introduction of some imponderable infectious poison from without the body, such as the specific infectious poisons of small-pox, measles, the venom of serpents or of animals in a hydrophobic state, etc. There may be other classifications, but these are sufficient for the present purpose.

Although I have gone to considerable length in these preliminaries, I will say at this juncture that I have no faith in emergencies, in the common acceptance of the term, and am of the opinion that the word should be expunged from the vocabulary of medical men. It serves the purpose of a

shield behind which the timid and ignorant man will hide his shortcomings in the eyes of the layman. He will blusteringly say, that it was a case of emergency, and consequently he was unable to do any good, and thus he will bamboozle the world and cover up his own colossal ignorance. An old adage that is as true as the Devine existence, says, "there is nothing new under the sun," and who will gainsay it? Then if an occurrence comes up in the life of a practitioner of medicine that is new to him, and was totally unexpected by him, then that is conclusive proof that he was ignorant of that branch of the profession, if not in others as well.

In the life of the physician, in that class of cases to which he is called in haste, in which a wound of the tissues is the most prominent feature, or in other words, a surgical emergency, we find that hemorrhage is one of the most common conditions in which immediate relief is required. In this connection, I wish to limit the application of the word emergency, and make it synonymous with immediate, and only thus far am I willing that the word emergency should be used in medicine.

In the hemorrhage coming from a wound, an artery severed, the man who is deserving of the title of Doctor of Medicine, quietly, coolly, and without bluster or braggadocio, ties or ligates the bleeding vessel, and the hemorrhage is at an end. But, says one, if the palmar arch is severed, that is a hard job! Yes, so it is, to the man who is ignorant of the anatomy of the

palm, and the technique of ligatures. Another case of hemorrhage is that in which several capillaries distributed to the Schneiderian membrane have become opened from assignable or unassignable cause, and we have a violent epistaxis. That would be an emergency, would it not? It might require prompt action on the part of the surgeon, but there is no possible reason that the sufferer should bleed to death. Wash it out with *hamamelis*, and if that won't do the work, then plug the nostrils securely and firmly, and the hemorrhage must cease. Hemorrhage from the lungs, usually alarms the patient and friends, and the doctor is hurriedly summoned, as if dissolution was immediately pending. Give a little salt, turpentine, *hammemilis* or *ergot*, and remember that people do not often bleed to death from the lungs, except in the case of mitral insufficiency where numerous pulmonary aneurisms have formed, and one of these has broken, opening a direct channel to the left side of the heart, in which case, trust in the Lord and solace the bereaved family.

Hemorrhage from an ulcerated bowel in such cases as typhoid or dysentery is sometimes very alarming. Here our knowledge, in two divisions of our science, will help us to foresee the termination of the case. Pathology, in pointing out to us the severity of the existing disease, thereby indicating the amount of shock that will follow, and our knowledge of *materia medica* and the therapy of the same, enabling us to check the hemorrhage with the indicated remedy, assisted by

the indicated local applications.

In operative surgery, emergency conditions often present, requiring prompt and effective means that will render immediate relief. In abdominal surgery, it is no uncommon occurrence for the intestinal cavity to be accidentally opened. Because of this possibility, any surgeon who begins an abdominal operation without having all the necessary paraphrenalia at hand for the closure of intestinal wounds is certainly culpably negligent of his patient's best interests. The management of such an emergency rests in the knowledge of the surgeon and his familiarity with the technique of closing intestinal wounds.

Shock is another bodily condition that often requires prompt measures for its relief. The most important factor to be kept in view in such cases is, that the bodily temperature must be maintained at all hazards, and the integrity of the circulation must be kept up to the full standard. I wish that all would remember the importance and efficiency of the hot enema in overcoming shock. Use hot enemata repeatedly.

Syncope is a condition that we are often called upon to treat. We must bear in mind, in all such cases, that a free flow of blood to the brain is the strongest antidote to syncope. This we must establish by the action of such remedies as atropia, strychnia, amyl nitrite, etc., and the head of the patient must be lower than the body, that gravitation may aid in filling the cerebral circulation.

In all wounds where an artery of

considerable magnitude has been severed, there is no middle course for the surgeon to follow; that artery must be tied. To do this, the attendant must know the anatomy of the part, then all things become plain. There are many physicians practicing medicine, who have an abnormal fear of hemorrhage. It is a scare-crow with which they were frightened in their student days, and it continues to haunt them with a never ending persistence. To such we would say, keep cool and you will save your patient, but if you get "rattled" a funeral may result. The lamented Prof. Howe said in his lectures, and in the way of instruction they were never equaled, "If an artery spirts, dam it, and if you cannot accomplish that result in any other way, drive a peg in it!" That was a rather forceful way to put the matter, but it impressed upon the minds of his hearers, that they could stop a hemorrhage. That kind of teaching has made several brilliant surgical operators.

It would be wearisome to my auditors to attempt to numerate the many conditions that are really of frequent occurrence, in which emergency treatment is required. It would be superfluous to name the numerous toxical conditions requiring immediate treatment, that may present in the life of the general practitioner. The numerous obstetrical accidents that may occur, are also important, but they are certainly so familiar to everyone, that they need not be named.

The best and the only safeguard, so far as the physician is concerned, against, or in preparation for, emer-

gency conditions is a thorough and working familiarity with the whole science of medicine. Couple with that cool headedness and good judgement, and the way at once becomes clear.

These accomplishments are in reach of all. The former begets the latter. We all stand in need of a little more of the good hard study with which we were so familiar in our student days.

### The Resorcin Treatment of Pertussis.

O. T. MOORE, M. D., ST. LOUIS, MO.

After consulting very many physicians upon the use of resorcin in pertussis, and learning of its prevalency in our city, my little mite may be of benefit to the profession, as I have not found one that has used it, and I am sure if given heed to, will be found of benefit to some poor little sufferer.

My experience extends now over a period of five years with the use of this drug, in which I have given very careful study and observation to the use of various drugs in their action upon pertussis.

I can well remember the time I had whooping-cough; how I would fall prostrate upon the ground during one of these paroxysms, and how I would vomit and my nose bleed, but I got no relief till the disease had spent its force on me, when I recovered without any ill effects. I had always been informed that it was of little use to medicate, and that opinion prevails very generally. I was informed that its duration was from twelve to sixteen weeks, but happily I have found out different.

About four years ago I read in the *Journal of the American Medical Association* an article on the treatment of pertussis with resorcin by a physician from Brazil, read at the International Medical Congress held in Washington.

I cannot recall his name, but I have used it since with great success and that is why I give this little mite, that others may profit thereby. I care not at what stage it is, it will act very materially, control the paroxysms, and remove the dread to the child and parent in one week's time. Such has been my experience with over fifty cases.

I commence giving resorcin in two-grain doses three times a day, in water; this is enough for a child from 1 to 4 years of age, and if the case is very severe I atomize with:

R Hydr. Cor. gr. ss  
Hydrogen Perox.  
Aquæ Distil. aa ʒss

M. Sig. Three times a day.

This I used for two or three weeks which was sufficient to completely control and remove all fears.

I have found, however, that this is very greatly improved and cuts short the attack better than the above by giving:

R Resorcin ʒi  
Atropia Sul. T. T. <sup>1</sup>/<sub>200</sub> No 24  
(P. D. & Co.)

Syr. Pruni Virg.

Aquæ destil. aa ʒii

M. Sig. Teaspoonful t. i. d. to a child from one to four years of age.

The case must be very severe with this to require the atomizer, but occasionally I do use it. I have never had to treat a case longer than three weeks, generally ten days was sufficient to discharge my patient.

To cite one case will be sufficient to illustrate. Mabel S., aged 2 years, daughter of a M. E. preacher, very delicate and frail little creature; had had the cough when he consulted me about it, for three weeks. Expectorants had been given, such as wild cherry, mur, ammonia, brom. ammonia, etc., but of no avail. The father preached in our village where I was living then, every two weeks, and was exceedingly anx-

ious about his only child, and stated that it could not retain anything upon its stomach; its nose was bleeding so much that the little thing was reduced to a mere skeleton. I gave him the above prescription. Suffice it to say that when he returned to our village two weeks hence, I asked him, how is the baby, when he replied: "After the third dose my child could eat, and to-day you can hardly hear her cough."

I have tried many other drugs in combination with and have used many without it, but none gave the relief that resorcin did; it can be seen in twenty-four hours.—*Medical Review.*

### Uterine Ulceration.

T. J. BIGGS, M. D., STAMFORD, CONN.

Miss W——, Long Island City, N. Y.; dancer, large ulcer covering entire surface of external os. Patient's general condition was good, but suffered great and continual pain, particularly when on her feet, insomuch that she had been obliged to give up her occupation. Examination revealed a deep burrowing ulcer, exuding a large quantity of muco-purulent pus. She was at once put on a teaspoonful of bovine in milk every two hours. The ulcer was next thoroughly cleansed of the effete matter by the bovine-peroxide reaction washed out with Thiersch; touched up with twenty-five percent pyrozone; and pure bovine then applied by means of three small tampons; the process being repeated twice a day. From and after the second of these changes, the patient was entirely relieved (the usual effect) of the severe pain

suffered until this time, and expressed herself most delightfully surprised; having been under all the various treatments in institutions and private practice for over a year, during which she had scarcely been free from the pain and soreness for a minute. The continued effect was almost as magical; by the fourth application all discharge ceased, and the entire surface of the wound had become covered with healthy granulation. On the 19th of March the ulcer had healed with the exception of two small spots. On the 28th, the patient was discharged cured, the ulcer being entirely healed, and leaving no evidence of a cicatrix.

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"Honesty is the best policy," but a man who is honest because it is "policy" is not the most desirable sort of citizen.

### The Pedigree of Specific Medicines, etc.

The managing editor of the CALIFORNIA MEDICAL JOURNAL has reached the conclusion that the publication of further articles on this subject would be pernicious in its effects, and calculated to detract from the dignity and worth of his journal, and has therefore refused me space for a continuation of the subject; consequently it will be impossible for me to carry out the promise made, to publish additional articles upon it in these columns. However, I regard the topic as an interesting and instructive one, replete with valuable therapeutic hints and historical data,

and have taken the pains to communicate with the publisher of the *American Medical Journal*, Prof. Mont M. Hamlin, M. D., who views the matter in a similar light, and who will welcome the articles to his pages. Copy for "Dr. James Thacher and Specific Asclepias" was in his hands early in February, and will appear in the current number (March) of his journal. Following this, will appear "The Ancients and Specific Ipecacuanha," while other papers of similar character will probably be furnished later on.

The *American Medical Journal* is published at 2900 West Chestnut Street, St. Louis, Mo.  
H.T.W.

### DEPARTMENT OF SINGLE REMEDIES.

Edited by O. S. LAWS, M. D., Los Angeles, Cal.

#### *Grindelia Robusta.*

Dec. 18, '98, Mr. F. asked me to look at an excrescence on the edge of the lower lid of his left eye, near the inner canthus. It had been about two months since first noticed. It looked, to the naked eye, like a wart, but under a magnifying lens the innocent wart was converted into a malignant imitation. A well-defined sinus was observed at the apex, out of which, like a young Vesuvius, it ejected an unpleasant fluid, especially at night, "that glued the lids together."

At least a dozen physicians had seen it before, and as they all in turn yelled, "Cut it out," he kept moving on to see if he could find one that could think of something else. I suggested local treatment for a reasonable time as a test, knowing that cutting

out ment, not only a traumatic surface to begin with, but a notch in the eyelid in the end.

I thus told him, and immediately he said I was the doctor he was looking for. In an ounce vial I put 3 ss of *grindelia robusta*, sp. med., and filled the vial with boiled water, to be applied freely with the finger several times a day. In a week he returned, and as there was no noticeable change, either for the worse or better, and no smarting of the eye, I felt encouraged and doubled the strength of the lotion. In another week he returned, and the small volcano was pale and wilted. On the third call it had shrunken almost even with the border of the lid, but still ejected some fluid. As it is about two weeks since the last call, I have no doubt but that he considers it a success.

Had it been on some part so that medicine could be freely held in contact with it day and night, much time would have been gained. A butcher, or taylor, or carpenter could have cut it out, but the business of the physician is to cure, "To make whole."

This use of grindelia was suggested by the reports of Doctors Coe and Webster. No internal treatment was used.

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#### Mullein Oil.

As I have received letters from eight different states, and forty yet to hear from, by the consent of our long-suffering Managing Editor, I will make a re-statement in regard to the sun-distilled essence of mullein flowers. I have used only that prepared by my own hands and know nothing of the commercial article, nor how it is prepared.

Into a heavy, dry, clean bottle, holding at least a pint, I put the fresh flowers as I pick them from the spikes till I get it "crammed" full. Put in a good cork and wire it, as gas is liable to force it out. It is now ready to be placed in the sun for at least four weeks. By laying it on the side, with the neck lowered, you can get the essence to settle at the shoulder, and be less waste in removing it from the bottle. A bundle of small wire can be crammed into the neck so as to completely filter the essence from the flowers. You need not expect much more than an ounce, but in my estimation it is worth its weight in gold. It has an amber color and an odor similar to the oil of roses. An equal part of glycer-

ine does not seem to lessen its effects in practice.

Uses.—In all cases of ear-ache, and deafness of children, two or three drops in the clean ear, twice a day, has given invariable satisfaction. Grown people thus treated are always benefited, even in catarrhal deafness. Hence I conclude that Prof. Foltz has never used the genuine sun-distilled essence, as he reports negative results from the samples he has used. It has cured all the cases of enuresis in which I have prescribed it, some of which had resisted all the ordinary remedies.

Some papers quoted me as prescribing it in 15 drop doses, when it was plainly written, gtt. xv in six ounces of water, the dose being one teaspoonful of the mixture three times a day. It cured an aged minister, who had become a nuisance to society and at home, on account of the constant dribbling of urine. He had been treated for years without benefit, and this was the first and only thing that I gave him. I lay no claim to hypnotic or suggestive power, hence I attribute all these good results to the medicine.

For internal use, I find the tincture of fresh flowers has the same effect. From 20 to 40 drops of tincture in  $\frac{3}{4}$  of water, and a teaspoonful given three or four times a day. Of course, if I see strong indications for belladonna, I use that first.

No one need write to me for the oil of mullein flowers, for I never have any to spare.

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"A patient waiter is no loser;" it is the guest that loses.

**CALIFORNIA MEDICAL JOURNAL.**

Published by the California Medical College.

DR. C. N. MILLER, Managing Editor.

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*Terms: \$1.50 per annum. In Advance.*

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The Editor disclaims any responsibility for the statements or opinions of contributors.

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CALIFORNIA MEDICAL JOURNAL,

1422 Folsom Street,

San Francisco - - - California.

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*Editorial.*

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**How it Works.**

If it be right to grant special privileges to one class of our citizens, similar rights may justly be claimed by all. This principle carried to its end means confusion and downfall of our government. This result is shown so clearly by the following editorial from a recent issue of the *Call* of San Francisco that we venture to quote it entire. It is much to be regretted that physicians are so lightly choked with their own licenses as to be unable to speak against this sort of legislation without being inconsistent. It is a sad day for our country when a large class of its citizens are willing to part with the privileges of sturdy Americans for potage; when they are willing to stand in

an open door themselves and wield a club to keep others out. Too much law and too little justice will ruin any people. The quotation is as follows:

**"Paternalism Gone Mad."**

"Among the numerous paternal measures which have been introduced into the present Legislature with a view to regulating and controlling the customs of the people and preserving and upholding their interests, none is quite so ridiculous as a bill which passed the Assembly the other day by the decisive vote of 45 to 20. This measure provides for the regulation and control of the business of horse-shoeing in California, and among other things it establishes a board of Horse-shoe Examiners and confers upon them authority to certify all men who in the blacksmithing business attempt to shoe horses.

"We have heard of boards to examine dentists, doctors, engineers, druggists, etc., but never before have we heard of the State establishing a board to pass upon the qualifications of horse-shoers. The business of horse-shoeing of course is very important, but we venture to say that the annals of legislation will be searched in vain for an instance in which a State has actually interfered with the feet of its beasts of burden.

"If a board of examiners for the examination of horseshoers is to be established, a large number of other boards designed to pass upon the qualifications of other artisans will follow as a matter of course. For instance, we shall have boards to examine jour-

nalists, stenographers, printers, bakers, street car conductors, blacksmiths, carpenters, newsboys, real estate agents and the followers of other vocations who are now left to prescribe their own qualifications. Undoubtedly large numbers of jouranalists, printers, bakers and newsboys are incompetent, and undoubtedly a board to issue certificates to them would serve the excellent purpose of shutting out of those occupations men and boys who have no business to be in them.

"From this prospect to that in which every man who works at anything will have to hold a State certificate or join the grand army of tramps it is but a step. If paternalism is to continue on these lines there will be but one way out of the difficulty, and that is to place everybody upon the State payroll and have the work of the State done by Chinamen. We know large numbers of people who would rejoice to see things reduced to such an agreeable basis."

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#### Pointers.

We aim to give our correspondents all possible liberty, but must draw the line at some things:

As a rule we do not care to publish articles that are evidently prompted by feelings of personal spite and petty revenge.

As a rule we do not care to publish articles that belittle and bedraggle Eclecticism.

As a rule we are not at all anxious to publish articles that slander the dead. It can hardly be to the interest

of any man holding an Eclectic diploma to have the founders of his school discredited, and we do not care to play the part of cat's paw in any such a game.

By the way, these might be good rules to be adopted by the *American Medical Journal*, published at 2900 W. Chestnut St., St. Louis, Mo.

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#### A Theory for the Existence of the Crossed and Direct Motor Tracts in the Medulla.

W. C. SHIPLEY, Junior, C. M. C., Oakland, Cal.

There are many things in the human economy which still remain as a blank page to the physiologist. We know that the motor tract in the medulla consists of two divisions, that is, the crossed and direct pyramidal tracts.

The philosophy of this arrangement, so far as I can ascertain, has never been explained. The fact that the motor centers of one side of the brain transmit their impulses through the crossed fibers to the opposite side of the body has been proven, but the functions of the direct tracts are still quite a mystery. If the direct and crossed tracts received impulses at the same time, there would likely be some confusion of muscular activity, as two parts of the body would be supplied with an impulse intended for but one. It may be that these direct fibres are to the cerebro-spinal system what relief wires are to an electric cable, and in event of the crossed tract becoming disabled, the direct tract assumes the duties of the damaged fibres.

A microscopic examination of these

two sets of fibers reveals the fact that the crossed are somewhat more developed than the direct fibers, which may lend color to the theory that, while they are active, the direct fibers remain dormant and undeveloped from non-use. Observers have noted that after a time a majority of cases of paralysis, arising from central causes, improve to a certain extent; this too may be an argument in favor of the view advanced, and is the result of the effort on the part of nature to overcome the effect of the paralysis and re-establish control over the body with the other hemisphere of the brain.

This is a question for much thought and many theories may be advanced and whole volumes written, till our hair is gray and our cerebral convolutions atrophy and then we may be as far from the truth as the east is from the west or a medical student is from the Kingdom of Heaven.

Our class in anatomy of the nervous system have been giving the above subject a little study and doubtless other interesting papers will follow this. We should be pleased to have some of our older heads give us a theory.—(Ed.)

#### Not in the Ring—How it Feels.

Gallion, La., Jan. 12, 1899.

Dear Editor: I received copy of OUR JOURNAL (Jan. issue) and was delighted with your article in regard to Medical Laws etc. Here in Louisiana the Eclectic portion of the profession numbers about 10, homeopaths about 25, so if a man chance to move from another state and shows up liberal,

and some "reg." reports "quack" or "irregular quack," the board does him up. He must not deviate from the beaten paths of the dominant school; but if he blisters, salivates, and uses plenty of quinine and whiskey he is all right. I am a graduate of the old school, Kentucky School of Medicine, class of 1878. I had been in practice eight years prior to this under my father and a brother. Father was an old-time Eclectic. I obtained Scudder's works, Howe's, King's and other Eclectic works, and always claimed that as my school. I am a member of the Tenn. State Eclectic Medical Society, etc.

I came here and presented my diploma to the vice-president of the state board, and, on the diploma, obtained temporary licence for six months, but as yellow fever prevented them having any more examinations for a year, I got in a year of very successful practice; but two "regulars" whom I was encroaching on reported me as an "irregular quack" and when I went before the board I failed. They said I made 68 per cent, but 75 must be made or no license. Nothing allowed for 28 year's experience, nothing for having been U. S. Pension Examiner over four years, nothing for having been Life Insurance Examiner for five of the leading companies in the United States. I came home and went on with my practice; but in about two months I received a letter from the secretary stating that I was officially reported and must stop or they (the board) would prosecute me.

The people got up a petition of over

400 names and sent in to the board, asking that they license me to do their practice, it was ignored. I wrote the president not long since that I had a diploma and that I had established a practice on their temporary license and that I was going to practice again and when they would write me that their animosity had cooled down, etc., I would come before them.

I am now 50 years old and have a large family, mostly girls, to cloth, educate, etc., and I feel it a duty I owe them to do it right. I had to hammer my little education out in a new or back-woods county in Indiana at home of nights and have not had the advantage of the college (literary college) that many have had, but I think that the Lord did bless me with a little common sense that a great many M. D.'s lack.

You will please pardon me for writing you such a long letter. May God bless you and your works.

James S. Leachman, M. D.

#### **Fikulax.**

(Parmele)

This new and very efficient laxative can be procured of any of the San Francisco wholesale dealers in drugs. Mack & Co., Redington & Co., and Langley & Michael will furnish the remedy in lots to suit.

#### **La Grippe.**

Worden & Co. call attention in this issue to their Seasonable Remedies for La Grippe etc. Antidolor Tablets seem to fill a long felt want, and we believe will prove a very valuable rem-

edy. Malto-Fer is one of their well and favorably known preparations. Cascaroma also seems to be growing in favor with the medical profession. This firm is making rapid strides, and we predict for them a great future.

#### **Do the Square Thing.**

A number of subscription bills have been sent to our patrons which we trust will receive prompt attention. Only a trifle is asked from each doctor, but the combined trifles will give us a good financial backing, and with that our JOURNAL will quickly come to the front. Without money we are sadly handicapped. Get square on our books up to 1900, doctor, and give us a chance to branch out a little.

#### **Meeting.**

The Eclectic Medical Society of the State of California will convene in San Francisco on May 23 and continue for three days, and during its session there will be much of interest and benefit to all those who attend. Not only are members of the society expected to be present, but all Eclectics of the State.

B. Stetson, M. D., Secretary.

#### **Meeting of the National Eclectic Medical Association.**

Dear Doctor: The National Eclectic Medical Association will hold its next meeting at Detroit, Michigan, June 20th to 22d, inclusive, 1899.

Make your arrangements in advance to attend. No efforts will be spared to make this the best meeting in the history of the Association.

It will surely be very pleasant and pay you well to spend a week at this time of the year in the beautiful city of Detroit. Our entertainment promises to be the very best.

Full particulars will be forthcoming in regard to hotels, railroad rates and general arrangements.

E. Lee Standlee, M. D.,  
St. Louis, Mo. Cor. Sec't'y.

#### Arkansas Eclectics.

The next meeting of the Arkansas Eclectic Medical Association will take place at Little Rock, April 19, 20, 21, 1899.

We have received through the secretary, Dr. J. C. Huntley, a cordial invitation for any of our coast Eclectics to be present and partake of the pleasures and hospitality of the gathering. We hope to receive some of the papers for publication.

#### How Does He Do It.

G. W. McConnell, M. D., writes a cheery letter from Baker City, Oregon, stating that business is flourishing, sometimes amounting to one thousand dollars per month. The Doctor should be invited to fill a chair of "Success" in our college—we'll all take a post graduate course.

#### Wanted.

I will purchase some physician's location and fruit ranch, if I can find something that suits me.

L. J. Aldrich, M. D.  
Clear Lake, Iowa.

#### Wanted.

The whole or a partnership in a physician's business would be purchased by J. B. Baker, M. D., Roswell, N. M., provided the right thing be offered.

#### Fikulax a New Laxative.

(Parmele.)

We have recently used several packages of the new laxative, Fikulax, put up by the Chas. Roome Parmele Co., of New York. Our patients have so far spoken highly of the remedy. It is put up in the form of an elegant lozenge and seems to be just the thing when a mild pleasant laxative is indicated.

### *Publisher's Notes.*

#### Sanmetto in Enurseis Diurna et Nocturna.

Some years ago my attention was called to Sanmetto as a remedy for troubles of the genito-urinary organs, particularly in men past middle life, and I have had some very gratifying successes with its use. Recently I was called upon to prescribe for two boys, eight and ten years of age respectively. Everything had been tried, including whipping, to break up the "habit" of wetting the bed at night, and one of them also his clothing in the day time. It occurred to me that Sanmetto would be worth trying, and to the delight of everyone concerned, it has been perfectly successful; and now for the past six months and twelve months respectively, these boys have been entirely cured of this unfortunate "habit."



Undoubtedly the trouble was due to irritability of the prostate and mucous membrane of the bladder; hence the prompt and permanent relief afforded by Sanmetto. I have written these few lines hastily, calling the attention of the profession to these cases, with the hope that others will try the same remedy for the same "habit."

James A. Stewart, M. D.  
Baltimore, Md.

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#### Intra-Nasal Diseases.

Speaking of Unguentine, we have found it an excellent application to the nose after the removal of spurs of the septum or anterior hypertrophies by either the saw, snare or cautery. Frequently the crusty scab which forms is the seat of considerable annoyance to the patient and actually delays the healing process.

The frequent washing with alkaline solutions renders the tissues boggy and even then is not always effectual. A small pledget of cotton with the ointment applied to one side and placed in situ will promote a more rapid healing of the nasal tissues than any other method with which we are familiar. After a few hours a bit of the ointment may be applied frequently and the abraded surface kept comfortable as well as clean during the healing process.—*Atlantic Medical Weekly*.

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#### Upbraiding the Doctor.

Dr. Samuel Wolf, Physician to the Philadelphia Hospital, and Neurologist

to the Samaritan Hospital of Philadelphia, presents, among others, a case which is of special value at this time. He says: "The entire experience of the writer with Antikamnia is not confined to the series of cases on which this paper is based, although its previous use had been limited to a few prescriptions, and those in cases where it was given after the usual routine had been exhausted. It is, however, to a striking result in one of these instances, that the incentive to investigate more fully is to be largely attributed. A man of 42, in the course of an attack of LaGrippe, was enduring extreme torture from the pain of a trigeminal neuralgia. The second ten-grain dose of Antikamnia gave such complete and permanent relief, that my patient, a druggist of large experience, upbraidingly asked me, "Why didn't you prescribe this remedy before?"

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#### Well Known—Well Liked.

The other day, the superintendant of one of the largest city hospitals in this country said to a representative of The Imperial Granum Company, the manufacturers of that reliable dietetic preparation, IMPERIAL GRANUM: "It is not necessary for your firm to send any one here to tell me about their product for I have used it both in private and hospital practice for over twenty-five years, and can hardly believe that even the youngest members of the medical profession do not know of the merits of this well known and well liked food for invalids and convalescents."

**Rational Treatment of LaGrippe.**

The necessity of a powerful eliminant in every prescription for grippe is self-evident. While antipyretics and antiperiodics may somewhat stimulate the excretions and relieve congestion, thereby controlling certain features of the disease, a complete cure cannot be expected until the grippe poison is thoroughly eliminated and the diseased organs enabled to resume normal functions.

The successful treatment of grippe depends upon the thoroughness of the remedy employed, hence we ask why temporize with antipyretics and antiperiodics when Tongaline always secures prompt and efficient as well as permanent results:

The internal use of Tongaline Liquid taken at short intervals in hot water, washed down with copious draughts of hot water, may be supplemented by its local application to the inner parts of the thighs and to the abdominal surfaces. Or as grippe invariably renders the stomach irritable and the nerves sensitive, the distributing effect of internal medication can be entirely avoided by the external use of Tongaline Liquid alone.

In fact, when the system is thoroughly under the influence of Tongaline, the progress of the grippe is arrested and as a result there is immediate recuperation, followed shortly by a perfect cure.

**White Pinus Canadensis.**

(Rio Chemical Co.)

Dr. C. Morrosa, 1045 Mission St., San Francisco, Cal., says: I have used

S. H. Kennedy's Extract of Pinus Canadensis (White) in one case of gonorrhea. A lady had a discharge for months and had been treated with iodine caystals in water as an injection with no effect except to soil her clothing, I gave her a bottle of S. H. Kennedy's White Pinus Canadensis giving directions for use as injection internally, gave fluid ext. prunus virg. as a tonic. She lives in Alameda, and only yesterday she sent me some other sufferers, telling them I cured her. I will say in conclusion that your preparations are good, I have used them in some minor cases that I did not think worth while noting at the time, always with success.

**Antiphlogistine.**

For years I have been using Antiphlogistine in a large variety of inflammatory affections with the most satisfactory results. Particularly in pneumonia and diseased conditions where the old flax-seed poultices have formerly been used. I consider it a very valuable remedy and conscientiously and cheerfully recommend it to physicians generally.

Brockton, Mass.

A. D. York, M. D.

**Improvements in Medical Practice.**

To introduce an innovation of a surprising character is to call the public to reflect upon what has been given, and when believed to be correctly stated, of course accepted and acted up to without expecting a failure to be known. In the delineation of character, the phrenologist tells us the head

has to be examined to make sure of a correct delineation, and yet cannot decide for every point in his work as closely as naturally desired; and when we turn toward the diagnosing of disease, invariably find a like state of affairs to exist. To thus call attention to that which is well known may not be considered worth stating, and yet leads up to that which has to be known as an improved system or an innovation relative to the reading of character, and diagnosing and prescribing, and in fact all that comes under the control of the mind. To delineate, diagnose and prescribe mentally, being understood as the only correct method; the author of the system would be pleased to explain it to all who incline to investigate, believing that full satisfaction can be given, and, being easily taught, no one need to go astray.

Prof. E. J. Marsters, 14 Turk St.  
San Francisco, Cal.

#### Anti-Constipation Tablets.

R Aloes Soc. gr. j. Podophpl. gr. 1-10, Ipecac gr.  $\frac{1}{4}$ , Nux Vom. gr. 1-10.

This is a fine combination in treatment of this very common trouble. Price per oz., 50 cts.

Waterhouse Phar. Co., St. Louis.

#### Salo-Sedatus.

Salo-Sedatus Chem. Co., St. Louis.

Please send me two ounces of Salo-Sedatus, by return mail. I find this medicine good for fever, *better than anything else that I have ever tried*. I find also it is good for rheumatism,

neuralgia, nervous headache, pneumonia, scarlet fever and diphtheria. I have come to the conclusion that I cannot be without it, and therefore send for more of it.

John Elliott, M. D.  
Mt. Pleasant, Ia.

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### *"The Crucible"*

Wm. S. Merrell Co.

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"Never desert an old friend for a new one," is the sensible advice of an eminent professor of Materia Medica in a California Medical College.

The late Wm. S. Merrell was conceded to be the best authority on indigenous remedies, so largely used by Eclectic physicians in the United States. The literature of Eclectic medicine is replete with his researches and discoveries, and the perfect pharmaceutical preparations first introduced by him and now manufactured by the present Wm. S. Merrell Chemical Co. have stood the test of over sixty years, and physicians of all schools all over the country know that there is not a "shadow of a doubt or question" regarding the reliability of any medicinal preparation bearing the Merrell name.

Now that the Wm. S. Merrell Chemical Co. have established, at great expense, for the convenience of their old friends, a branch ware-house at 45 Stevenson St., San Francisco, the Eclectic physicians of the coast will have an opportunity to return to their first love.

## Compressed Tablets.

Febril-Laxative

(Merrell)

Quinine Sulph.	1 gr.
Acetanilid	2 gr.
Tr. Gelsemium	1 min.
Aloin	1-20 gr.
Podophyllin	1-40 gr.
Capsicum	1-4 gr.

## Formalyptol.

(Merrell)

Formalyptol represents, in an elegant and permanent form, a 5 per cent solution of Formaldehyde Gas, and the aromatic and antiseptic principles of Eucalyptus, Thyme, Gaultheria, Peppermint, Cassia, and Camphor, combined with Boric and Benzoic Acids.

## Alkaline Elixir.

(Merrell)

The virtues of a combination of Rhubarb, Golden Seal, Ceylon Cinnamon, with an alkali Bichromate Potassa. are too well known to need comment.

Pancreatin—the albuminoid principle of the pancreas, free from starch, milk sugar, or any inert or factitious substance—transforms starch into sugar and dextrine, converts proteids into peptones, emulsifies fat, curdles the caseine of milk, and in general exhibits all the important functions of this organ. Hence the addition of Pancreatin in the combination. In cases of obstinate constipation, in acidity of the stomach, dyspepsia, and as a

gentle laxative in pregnancy, the Alkaline Elixir is used with the happiest results. In cholera infantum this preparation is peculiarly effective.

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*Book Notes.*


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*A Systematic Treatise on Therapeutics and Materia Medica with Reference to the most Direct Action of Drugs, as developed by the Eclectic Physicians of the United States, by Finley Ellingwood, M. D., Prof. of Materia Medica in Bennett Medical College, Chicago; late Prof. of Chemistry, and Renal Diseases in Bennett College; Editor Chicago Medical Times. With a Condensed Consideration of Pharmacy and Pharmacognosy, by Prof. John Uri Lloyd, Ph. D., late Pres. American Pharmaceutical Association, Prof. of Chemistry and Pharmacy in the Eclectic Medical Institute of Cincinnati, Author of Etidorpha. A large royal octavo volume elegantly bound, containing over 700 pages. \$5 cloth, \$6 sheep. Published by the Author, 103 State St. Chicago.*

The author has had the preparation of this work in mind for many years. He has endeavored to make it exceedingly practical. The topics are arranged in a most systematic manner, the *materia medica* being more fully treated for the benefit of students than any other of our works. The common name and the full technical name are first given, then follow the *synonyms*, the *parts employed in medicine*, and a practical *botanical description*. The

chemical constituents of the plant are then given and all the preparations used in medicine. We have no other work which considers the *physiological action* of the drug. This is considered exhaustively in this book, including not only the observation of all prominent writers, but the practical observation of our own writers. Whenever special facts concerning the methods of the application of a drug are desirable, these are introduced under the head of *administration*, giving in a concise form the different methods, different forms, and the proper dosage to be considered under different conditions of age, sex or idiosyncrasy. The important topic, however, is the *specific symptomatology*. All other works consider a single group of indications, only, for each drug. All of our practitioners are aware that many drugs are applicable in direct lines to conditions in which the symptomatology is very different. To illustrate: ergot is specific as a parturient, in its influence upon the muscular structure of the uterus. It is also most directly indicated in acute cerebral engorgement, being our most reliable remedy in certain cases of threatened apoplexy, and in acute cerebral meningitis. In both of these conditions, the specific points are given in most minute detail. Turpentine is a specific remedy in the treatment of catarrhal conditions where the discharge is thick and exceedingly copious. It is also an unfailing remedy in typhoid conditions where the secretions are almost completely suppressed. The specific points of both these conditions are carefully given.

In this manner all remedies are treated. After presenting all of the known fever remedies in one chapter, there is a tabulated statement at the end of the chapter, showing the comparative symptomatology of all the remedies, which enables the physician at a glance to select the remedy applicable to the case in hand. There is also a chapter on chronic or asthenic fevers—the fevers of feebleness—exhaustion—the after fevers of prostrating disease. In these cases the usual fever remedies are positively contraindicated. The specific remedies applicable and the measures necessary to adopt in such cases are clearly indicated. The *therapeutics* of each remedy is given in a systematic manner as far as possible. Its influence on the nervous system is first stated, then its influence on the heart and lungs, if any, then upon the stomach and intestinal canal, then upon the kidneys, the reproductive organs, the blood and the skin. The disease condition in each case, being displayed in *clear, black face type*, enabling the eye of the physician to at once catch the condition for which he is seeking. This adds most materially to the practical character of the work. There are nearly 500 remedies treated, among them many new points on our old remedies, and a large number of new remedies, not previously included in works on therapeutics. Already the work has met a most popular reception, a number of our leading men pronouncing it almost beyond criticism and the most practical work ever written in this school.

*The Medical Record Visiting List or Physician's Diary for 1899.* New Revised Edition. New York. Wm. Wood & Co. Publishers.

This new revised edition of the *Visiting List* for 1899 is attractively gotten up and full of valuable information to be used in emergencies. The most important feature is the very complete list of remedies appended, giving the maximum dosage in both the apothecaries and decimal systems.

*Christian Science a Sociological Study.*

By Charles A. L. Reed, A. M., M. D. Ex-President of the American Association, Association of Obstetricians and Gynecologists, Gynecologist to the Cincinnati Hospital. Formerly Prof. of Diseases of Women and Abdominal Surgery in the Cincinnati College of Medicine and Surgery, Fellow of the British Gynecological Society, London. Member of the American Medical Association, etc. Copyrighted. McClelland & Co. Cincinnati. 1898.

This address was delivered, on invitation, before the Northwestern Ohio Medical Association, at Lima, Ohio, Dec. 8, '98, and is published in the present form in compliance with the resolution adopted by the organization as follows:

*Resolved,* That Dr. Reed is hereby requested to submit his Address on "Christian science, a Sociological Study," for publication in such form that it may become available, at small expense, to physicians, clergymen, educators, and others, for distribution in their respective communities.

Of course, the design of this address is to annihilate all pathies and schools and creeds and sects in medicine but—ours.

The author stands in the open door himself, and swings wildly a club of Hercules at certain gnats which he seems to fancy are coming his way. Christian Scientists are no doubt a very dangerous folk, but when it comes to the real work of signing death certificates, it can hardly be said that they are greatly in advance of the regular profession.

In the Chronicles of the Kings will be found these verses:

"And Asa, in the thirty and ninth year of his reign, was diseased in his feet, until his disease was exceedingly great; yet in his disease he sought not to the Lord but to the physicians, and Asa slept with his fathers."

*A Compend of Human Physiology.* Especially adapted for the use of medical students. By Albert P. Brubaker, A. M., M. D., adjunct Prof. of Physiology and Hygiene in the Jefferson Medical College; Prof. of Physiology in the Pennsylvania College of Dental Surgery; Lecturer on Anatomy and physiology in the Drexel Institute of Art, Science, and Industry; Fellow of the College of Physicians of Philadelphia. Ninth Edition, Revised and Enlarged, with New Illustrations and a Table of Physiological Constants. Price 80c. Philadelphia: P. Blakiston's Son & Co. 1012 Walnut St. 1899.

The popularity of this little work is well indicated by the fact that it is

now in the ninth edition. In it the essentials of physiology are briefly, but carefully, treated according to accepted authorities up to date. A quiz compend should not take the place of the larger text books, but as condensed reviews they have their place. Any one familiar with the pages of this book can but be well posted in physiology.

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*3000 Questions on Medical Subjects Arranged for Self-Examination, with reference to Standard Works in which the correct replies will be found. Second Edition, Enlarged. Price, 10 cts. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1899.*

This little book has been prepared by a medical man, a teacher and a writer of experience, with special reference to the actual wants of the medical student. By its help the student can successfully quiz himself on all the important branchss, or review any one subject in which he feels himself to be particularly deficient.

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**"Don't Tell Them Where You Found Me."**

The above is the name of a new song issued by Rev. Thos. Delaney. The composer is a noted writer of New Orleans, and has the education of a large number of boys under his charge. He is using the proceeds from the sale of this song for this purpose.

The Groene Music Publishing Co., 32 E. Fifth St., Cincinnati, Ohio, will send the above song to any address for 20 cents in silver or stamps, regular price 50 cents.

**"The Annual."**

The International Medical Annual for 1899 is now in press. The Annual is indispensable to the progressive physician, and the last is always the best. E. B. Treat & Co., New York.

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**Sweethearts and Wives.**

If sweethearts were sweethearts always,  
Whether as maid or wife,  
No drop would be half so pleasant  
In the mingled drift of life.

But the sweetheart has smiles and  
blushes

When the wife has frowns and sighs,  
And the wife's have a wrathful glitter  
For the glow of the sweetheart's eyes.

If lovers were lovers always,  
The same to sweetheart and wife,  
Who would change for a future Eden  
The joys of this checkered life?

But husbands grow grave and silent,  
And care on the anxious brow  
Oft replaces the sunshine that perished  
With the words of the marriage vow.

Happy is he whose sweetheart  
Is wife and sweetheart still;  
Whose voice, as of old, can charm him;  
Whose kiss, as of old, can thrill;

Who has plucked the rose to find ever  
Its beauty and fragrance increase,  
As the flush of passion is mellowed  
In love's unmeasured peace;

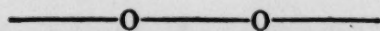
Who sees in the step a lightness;  
Who finds in the form a grace;  
Who reads an unaltered brightness  
In the sweetness of the face.

—Anon.

# CORDIAL

# PAS-CARNATA

## MERRELL.



This preparation contains all the active medicinal constituents of *Passiflora Incarnata* in concentrated form, and is the result of an extended investigation in our Laboratory. It is the most eligible form for exhibiting the valuable properties of the drug, since from it we have succeeded in eliminating the inert principles unvariably present in ordinary preparations of the market.

### Testimonials re. Cordial Pas-carnata.

#### *Spasm in Children. Nervousness and insomnia.*

Dr. McAdow reports: I have prescribed the Cordial Pas-carnata in several cases of threatened spasm in small children. In my hands it has proven a splendid remedy. In a case of nervousness and insomnia in an old lady, a few doses acted like a charm.

#### *In uraemic convulsions.*

Dr. C. P. Hockett writes: Cordial Pas-carnata proved a boon to me in a case of uraemic convulsions.

#### *Insomnia from physical exhaustion.*

Dr. Samuel C. Smith states: Your advertisement in the Medical Mirror for November, page 26, and referring to Cordial Pas-carnata excites in me wonder that a preparation of this wide-spread usefulness has not been introduced to the medical profession before this. The therapeutic properties of the drug have been known to me for several years. It is first, a nerve sedative; second, a nerve tonic; a classification which, though strange, is nevertheless true. It is undoubtedly a hypnotic and acts as such in insomnia arising from physical exhaustion.

#### *Teething children.*

Dr. G. Spiegel writes: Your agent visited my office and, among other preparations, recommended to me your Cordial Pas-carnata. A patient was announced. A baby was brought in crying from restlessness and from teething. Here, I thought to myself, was an opportunity to try the Cordial Pas-carnata. I asked your agent for a sample, administered it on the spot with almost immediate beneficial results.

#### *Sleeplessness of heart disease.*

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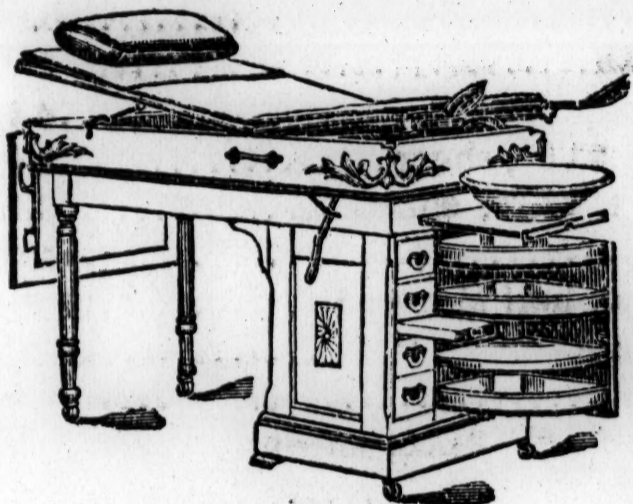
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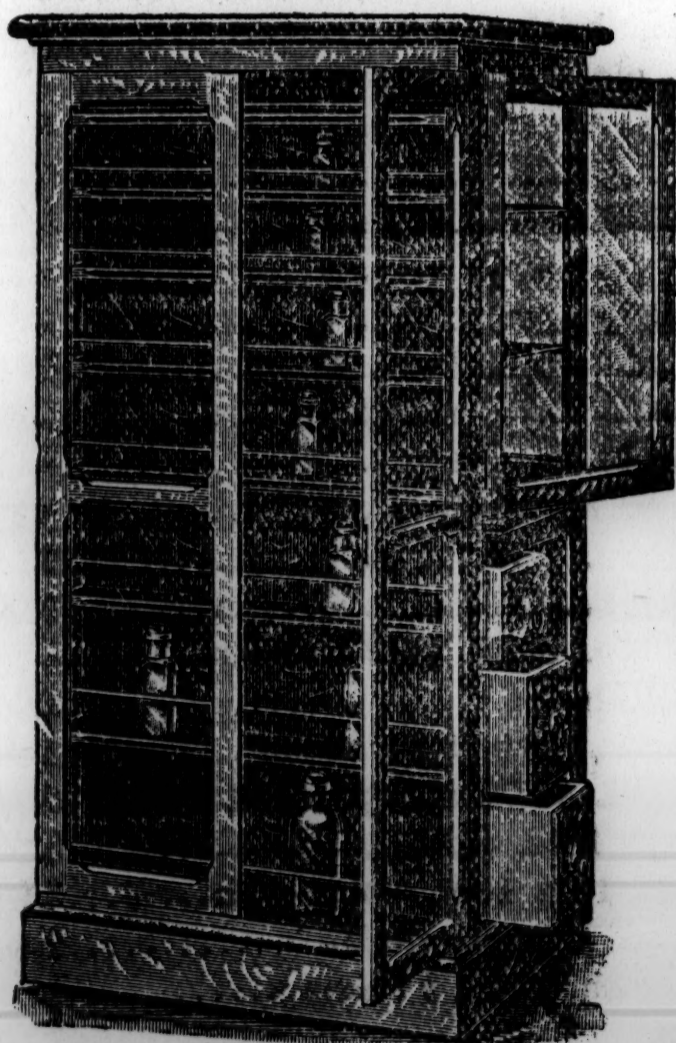


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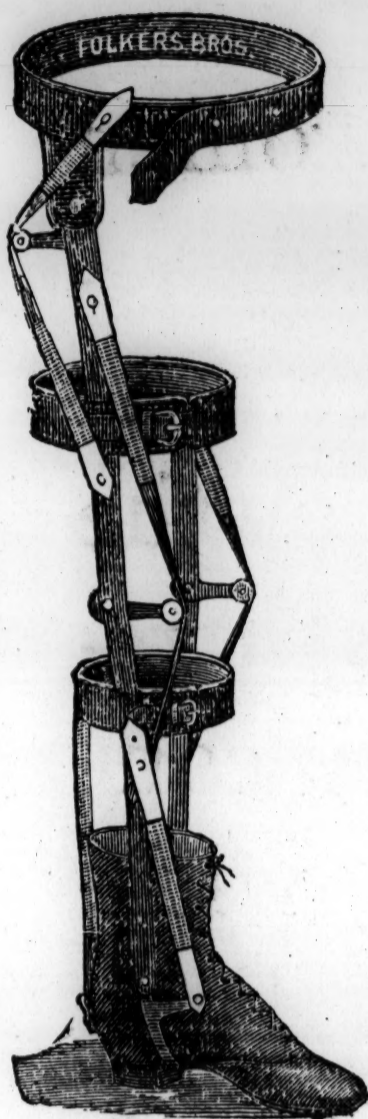
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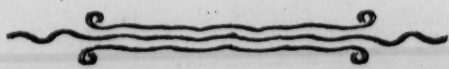
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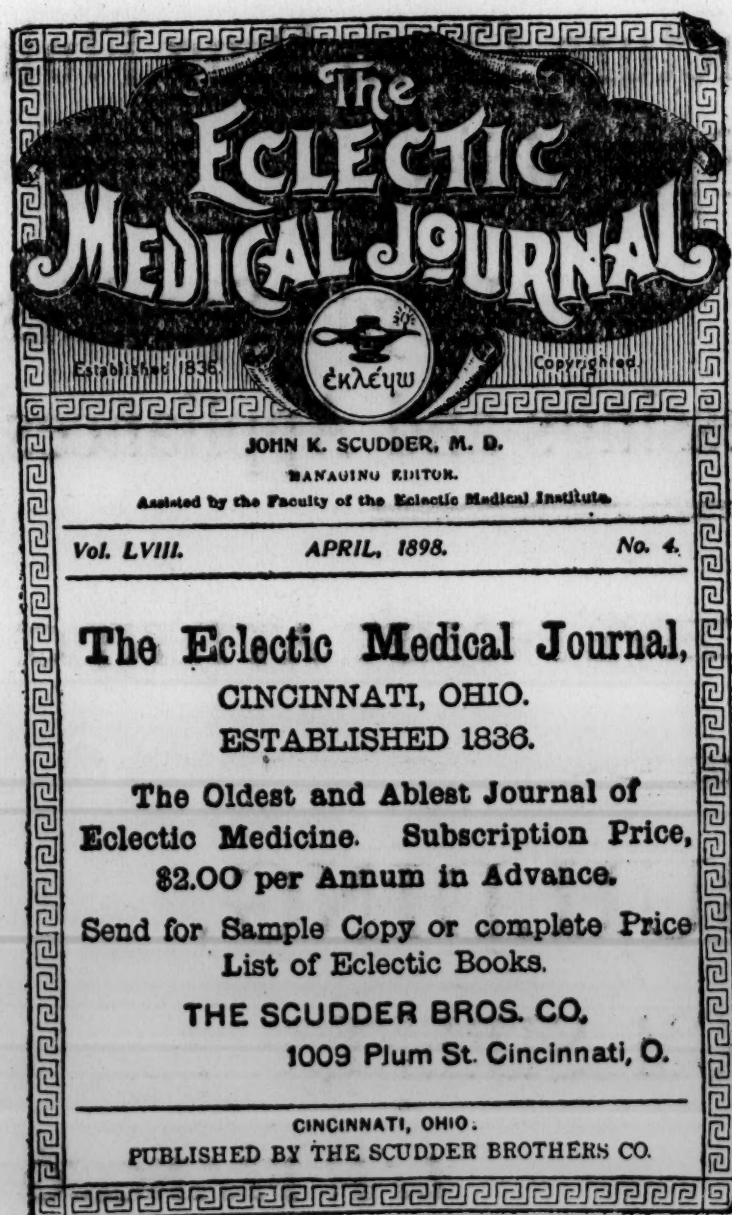
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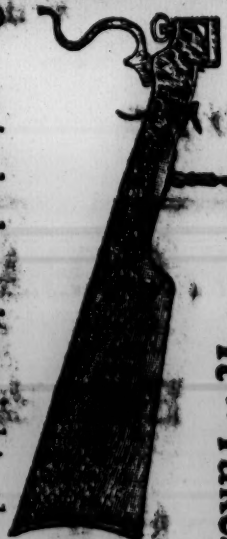
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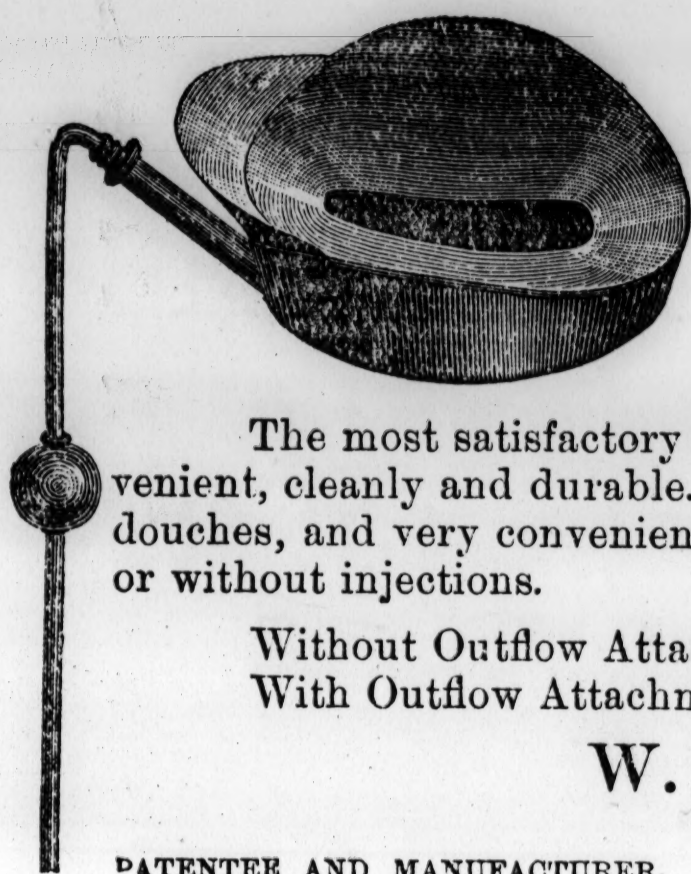
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# Reliable Medical Suggestions

## How to Treat a Cough

In an able article under the above heading in the *New York Medical Journal*, Edwin Geer, M. D., Physician in Charge of the City Hospital Dispensary; also Physician in Chief, Outdoor Department, Maryland Maternite Hospital, Baltimore, writes:—

"The object of this brief paper is not to try to teach my colleagues how to treat a cough, but simply to state how I do it, what good results I get, and to call their attention to those lighter affections of the throat and chest the principal symptom of which is an annoying cough, for which alone we are often consulted. The patient may fear an approaching pneumonia, or be anxious because of a bad family history, or the cough may cause loss of sleep and detention from business. What shall we do for these coughs? It has been my custom for some time to treat each of the conditions after this general plan: If constipation is present, which is generally the case, I find that small doses of calomel and soda open the bowels freely, and if they do not, I follow them with a saline purgative; then I give the following:

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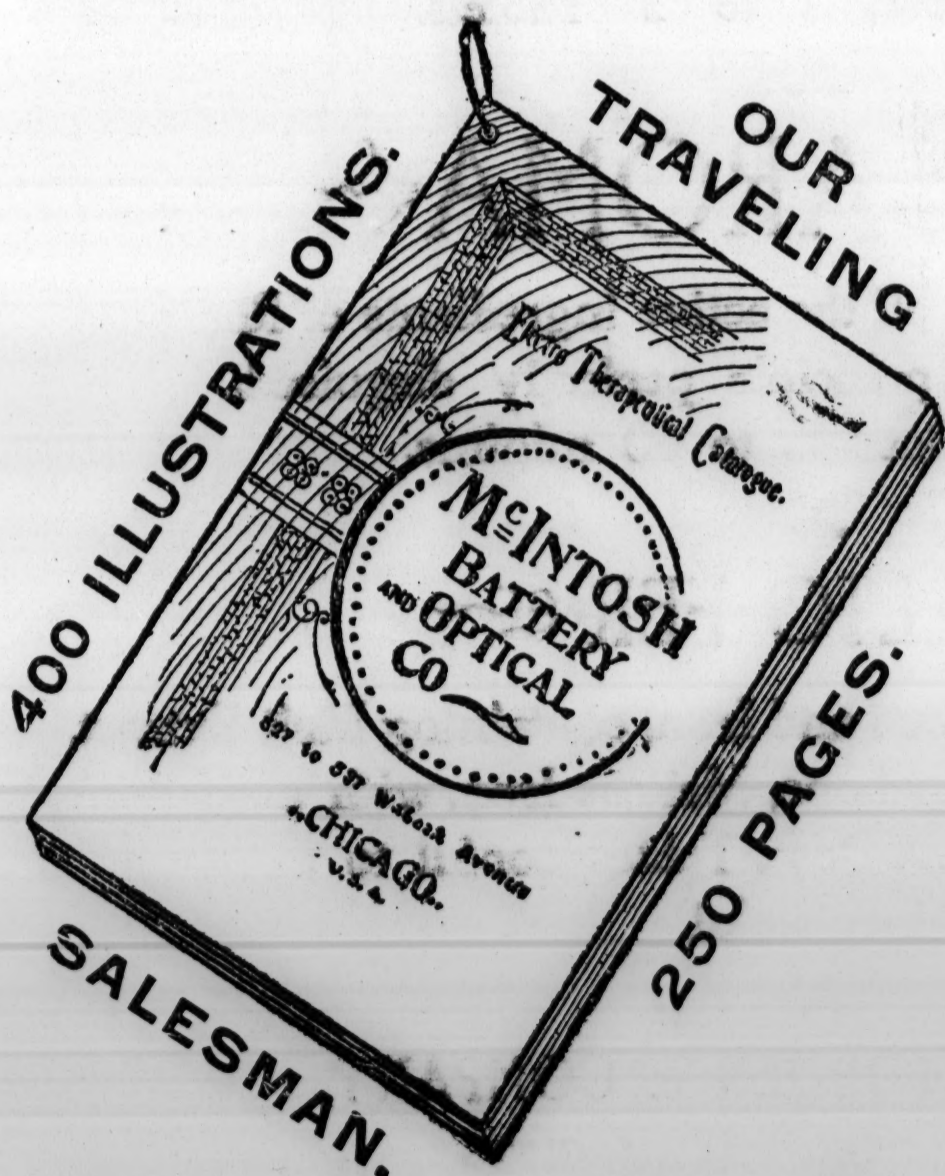
while it has marked power to control inflammation and irritation. It is not to be compared with morphine, which increases the dryness of the throat, thus often aggravating the condition, while its constipating effect is especially undesirable."

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FOURTH EDITION.

PUBLISHED BY

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